Fill in this information to identify your case:	UNITED STATES	
United States Bankruptcy Court for the: Northern District of Illinois		NORTHERN DIS AUG 2
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	JEFFREY P. ALLS

TEADT, CLERK Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be ves if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Identify Yourself		
_	Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting	LATOYA First name Middle name JOHNSON Last name	First name Middle name Last name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First name	First name
	Include your married or maiden names.	Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - 3 7 8 1 OR 9 xx - xx	xxx - xx OR 9 xx - xx

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Case number (if known)

Debtor 1

LATOYA JOHNSON
First Name Middle Name

Last Name

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in		☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and doing business as names	Business name	Business name
	EIN	EIN — — — — — —
	EIN — - — — — — — — —	EIN
s. Where you live		If Debtor 2 lives at a different address:
	17975 HUNTLEIGH COURT Number Street	Number Street
	COUNTRY CLUB HILLS IL 60478 City State ZIP Code	City State ZIP Code
	COOK	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
s. Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
		
		

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De	btor	1

ΙΑΤΟΥΑ	JOHNSON
<u>LAIUIA</u>	OCI II VOCIV
Plant Manne	MAY A PRO- Bloom of

Case number (if known)_

P	art 2: Tell the Court Abo	ut Your B	ankruj	otcy Case		· · · · · · · · · · · · · · · · · · ·		
7. The chapter of the Bankruptcy Code you		Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	are choosing to file	☐ Cha	pter 7					
	under	☐ Cha	pter 11					
	,	☐ Cha	pter 12					
		☑ Cha	pter 13					
8.	How you will pay the fee	loca your subr	I court to self, you nitting y	for more details about h ou may pay with cash, c	now you n ashier's o	nay pay. Typicall check, or money	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check	
	•						otion, sign and attach the nts (Official Form 103A).	
		By la less pay	aw, a ju than 19 the fee	dge may, but is not rec 50% of the official pove	uired to, rty line th choose th	waive your fee, a at applies to you his option, you m	ion only if you are filing for Chapter 7. and may do so only if your income is ir family size and you are unable to tust fill out the Application to Have the with your petition.	
9.	Have you filed for bankruptcy within the last 8 years?	□ No Yes.	District	Northern	When	5 4 296	Case number <u>/(6-/5)</u> 6/	
			District		When		Case number	
						MM / DD / YYYY		
			District		When	MM / DD / YYYY	Case number	
10.	Are any bankruptcy	☑ No		,	 			
	cases pending or being filed by a spouse who is		Debtor		_		Relationship to you	
	not filing this case with you, or by a business partner, or by an				When		Case number, if known	
	affiliate?		D-11				P. Latinophia Ann	
		•					Relationship to you Case number, if known	
			Diodioc			MM / DD / YYYY	Substitution in the substi	
11. Do you rent your residence?		No.	resider	ur landlord obtained an en noe?	viction judg	ment against you	and do you want to stay in your	
			_	. Go to line 12. s. Fill out <i>Initial Statement</i>	About on	Eviction Judament	Against You (Form 101A) and file it with	
				s. Fill out <i>midal Statement</i> bankruptcy petition.	AUUUL AII I	Encour Jaayment	Against 100 (1 onto 101A) and life it will	

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ALL LATOVA I	OHNSON	One works
	Se Name Last Name	Case number (#known)
Part 3: Report About A 12. Are you a sole proprie	ny Businesses You Own as	a Sole Proprietor
of any full- or part-time business?		n of business
A sole proprietorship is a business you operate as ar individual, and is not a separate legal entity such a a corporation, partnership, LLC.	Name or dusiness, in	any
If you have more than one sole proprietorship, use a separate sheet and attach to this petition.	it City	State ZIP Code
1	Check the annun	riate box to describe your business:
	_	usiness (as defined in 11 U.S.C. § 101(27A))
		Real Estate (as defined in 11 U.S.C. § 101(51B))
	☐ Stockbroker (a	as defined in 11 U.S.C. § 101(53A))
	☐ Commodity Br	roker (as defined in 11 U.S.C. § 101(6))
	☐ None of the at	pove
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small busine</i>	can set appropriate deadling	oter 11, the court must know whether you are a small business debtor so that it nes. If you indicate that you are a small business debtor, you must attach your, statement of operations, cash-flow statement, and federal income tax return or if onot exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
debtor?	2 No. I am not filing und	er Chapter 11.
For a definition of small business debtor, see 11 U.S.C. § 101(51D).	No. I am filing under Cothe Bankruptcy Co	chapter 11, but I am NOT a small business debtor according to the definition in ode.
	Yes. I am filing under C Bankruptcy Code.	chapter 11 and I am a small business debtor according to the definition in the
Part 4: Report if You O	wn or Have Any Hazardous	Property or Any Property That Needs Immediate Attention
14. Do you own or have an	y Zì∧o	
property that poses or alleged to pose a threa of imminent and	is	rd?
identifiable hazard to public health or safety Or do you own any property that needs immediate attention?		ntion is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

- Parities

Number Street

City

State

ZIP Code

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Debtor 1

LATO	YA JOHNSON
First Name	Middle Name

Case number (it known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

! received a briefing from an approved credit counseling agency within the 180 days before! filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

am not required to receive a briefing a	bou
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

⊐	I am not required	to	receive	a	briefing	about
	credit counseling					

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

LATO\ First Name	YA JOHNSO Middle Name	DN Last Name	Case number (#known)
Hist Name	Mi¢dle Name	Last Name	

Pa	art 6: Answer These Ques	stions for Reporting Purposes				
16.	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
	you navo.	No. Go to line 16b. Yes. Go to line 17.				
•		16b. Are your debts primarily money for a business or inves				
		☐ No. Go to line 16c. ☐ Yes. Go to line 17.				
		16c. State the type of debts you ow	e that are not consumer de	ebts or business	debts.	
17.	Are you filing under Chapter 7?	✓ No. I am not filing under Chapt	er 7. Go to line 18.			
	Do you estimate that after any exempt property is	Yes. I am filing under Chapter 7 administrative expenses at	'. Do you estimate that afte re paid that funds will be av	r any exempt provailable to distrib	operty is excluded and ute to unsecured creditors?	
	excluded and	□ No				
	administrative expenses are paid that funds will be	Yes				
	available for distribution to unsecured creditors?					
18.	How many creditors do	☑ 1-49	1,000-5,000		25,001-50,000	
	you estimate that you owe?	☐ 50-99 ☐ 100-199	5,001-10,000 10,001-25,000		50,001-100,000 More than 100,000	
		200-999			— More than 100,000	
19.	How much do you	\$0-\$50,000	📮 \$1,000,001-\$10 millio		\$500,000,001-\$1 billion	
	estimate your assets to be worth?	\$50,001-\$100,000 \$100,001-\$500,000	\$10,000,001-\$50 milli		□ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion	
		□ \$500,001-\$500,000 □ \$500,001-\$1 million	\$100,000,001-\$100 n		☐ More than \$50 billion	
20.	How much do you	2 \$0-\$50,000	\$1,000,001-\$10 millio		□ \$500,000,001-\$1 billion	
	estimate your liabilities to be?	□ \$50,001-\$100,000 □ \$100,001-\$500,000	\$10,000,001-\$50 milli \$50,000,001-\$100 mi		\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion	
		□ \$500,001-\$1 million	□ \$100,000,001-\$100 m		☐ More than \$50 billion	
Pa	rt 7: Sign Below					
Fo	r you	I have examined this petition, and I correct.	declare under penalty of pe	erjury that the in	formation provided is true and	
		If I have chosen to file under Chapte of title 11, United States Code. I und under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the	ne chapter of title 11, Unite	d States Code, s	specified in this petition.	
		I understand making a false statement in a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and	fines up to \$250,000, or ir		ey or property by fraud in connection up to 20 years, or both.	
		* Mator fal	×	ε		
		Signature of Debtor		Signature of Do	ebtor 2	
		Executed on OS 29 80	¥6	Executed on _	MM / DD /YYYY	

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NSON	Case number (d known)			
g List rame				
to proceed under Chapter 7, 11, 12, or 13 of til available under each chapter for which the per	le 11, United States Code, ar son is eligible. I also certify the	nd have hat I ha	exp ve d	plained the relief elivered to the debtor(s)
the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.				
	Date			
Signature of Attorney for Debtor		MIM	,	DD /YYYY
Printed name		·		
Firm name				<u> </u>
Number Street	 			
City	State	ZIP C	ode	
Contact phone	Email address	·		
		_		
Bar number	State			
	I, the attorney for the debtor(s) named in this p to proceed under Chapter 7, 11, 12, or 13 of til available under each chapter for which the per the notice required by 11 U.S.C. § 342(b) and, knowledge after an inquiry that the information Signature of Attorney for Debtor Printed name Number Street City Contact phone	I, the attorney for the debtor(s) named in this petition, declare that I have inf to proceed under Chapter 7, 11, 12, or 13 of fitle 11, United States Code, ar available under each chapter for which the person is eligible. I also certify the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4 knowledge after an inquiry that the information in the schedules filed with the Signature of Attorney for Debtor Printed name Number Street City State Contact phone Email address	I, the attorney for the debtor(s) named in this petition, declare that I have informed to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have available under each chapter for which the person is eligible. I also certify that I ha the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) ap knowledge after an inquiry that the information in the schedules filed with the petition. Date	I, the attorney for the debtor(s) named in this petition, declare that I have informed the to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have expavailable under each chapter for which the person is eligible. I also certify that I have dithe notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies knowledge after an inquiry that the information in the schedules filed with the petition is Date

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Debtor 1

LATO	A JOHNS	ON	Case number (it known)
First Bloms	Literatura Marina	Last Name	· · · · · · · · · · · · · · · · · · ·

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

	Are you aware that filing for bankruptcy is a serious action consequences?	on with long-te	rm financial and legal				
	□ No ☑ Yes						
	Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?						
	□ No ☑ Yes						
	Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? 2 No						
	Yes. Name of Person	aration, and Sig	nature (Official Form 119).				
	By signing here, I acknowledge that I understand the rist have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I	nat filing a bank	rruptcy case without an				
×	: Pital let *						
	Signature of Debtor 1	Signature of De	btor 2				
	Date 08.24.2016 MM/DD /YYYY	Date	WHI DO MARK				
			MM / DD / YYYY				
	Contact phone	Contact phone	אואן וואן אואן				
	Contact phone	Contact phone Cell phone					

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Fill in this in	formation to ide	entify your case:		
			·	
Debtor 1	LATOYA JOH	INSON		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Lest Name	
United States I	3ankruptcy Court fo	or the: Northern District of I	Ilinois	
Case number	(if known)			

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	s 0.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$
1b. Copy line 62, Total personal property, from Schedule A/B	\$1,000.00
1c. Copy line 63, Total of all property on Schedule A/B	s 1,000.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	¢ 0.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	<u> </u>
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	s 0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ s 18,578.00
	40 570 00
Your total liabilities	\$ 18,578.00
Part 3: Summarize Your Income and Expenses	-:
Schedule I: Your Income (Official Form 106I)	¢ 670.00
Copy your combined monthly income from line 12 of Schedule I	\$
. Schedule J: Your Expenses (Official Form 106J)	200.00
Copy your monthly expenses from line 22c of Schedule J	\$300.00

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Debtor 1

LATOYA JOHNSON

irat Name	Middle Name	Last Name	

Case number (# known)_____

P	art 4: Answer These Questions for Administrative and Statistical Records	s
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this to Yes	form to the court with your other schedules.
7.	What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by are family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	n individual primarily for a personal, oses. 28 U.S.C. § 159.
	Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules.	rt of the form. Check this box and submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	s 670.00
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim
	From Part 4 on <i>Schedule E/F</i> , copy the following:	
	9a. Domestic support obligations (Copy line 6a.)	\$
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	s <u> </u>
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
	9d. Student loans. (Copy line 6f.)	\$0.00
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00_
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
	9g. Total. Add lines 9a through 9f.	\$

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Fill in this	s information to identify you	ur case and this	filing:			
	LATOYA JOHNSON					
Debtor 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if fil	ing) First Name	Middle Name	Last Name			
	es Bankruptcy Court for the: Nor	them District of I	linais			
Case numb	per	<u>-</u>				Check if this is an
L	·					amended filing
Officia	al Form 106A/B					
Sch	edule A/B: P	roperty	/			12/15
category responsi write you Part 1:	where you think it fits best ble for supplying correct in ir name and case number (i Describe Each Residen	. Be as complet formation. If mo f known). Answ ce, Building, I	and, or Other Real Estate	wo married people parate sheet to th You Own or Hav	e are filing together, bo is form. On the top of a re an Interest in	th are equally
	• •	quitable interes	t in any residence, building, lan	d, or similar prop	erty?	
	. Go to Part 2.					
u re:	s. Where is the property?		What is the property? Check a	li that apply.	Do not dodicat non-read al	simo no avameticino. Di t
			☐ Single-family home	,	Do not deduct secured cla the amount of any secure	d claims on Schedule D:
1.1.	Street address, if available, or oth	er description	Duplex or multi-unit building		Creditors Who Have Clair	ns Secured by Property.
		o. 4000 p	Condominium or cooperative		Current value of the	
			☐ Manufactured or mobile home	e	entire property?	portion you own?
			☐ Land ☐ Investment property		\$·	\$
			Timeshare		Describe the nature of	
	City Sta	te ZIP Code	Other	·	interest (such as fee the entireties, or a life	
			Who has an interest in the pr	operty? Check one.		
			Debtor 1 only			
ī	County		Debtor 2 only		D	
			Debtor 1 and Debtor 2 only		(see instructions)	mmunity property
			At least one of the debtors and			
			Other information you wish to property identification number		em, such as local	
If you o	own or have more than one, lis	st here:	property restrained and in the			
	•		What is the property? Check ail	that apply.	Do not deduct secured cla	sime of exemptions. Put
			☐ Single-family home		the amount of any secure	d claims on Schedule D:
1.2.	Street address, if available, or oth	er description	Duplex or multi-unit building		Creditors Who Have Clair	
			Condominium or cooperative		Current value of the	
			■ Manufactured or mobile home ■ Land		entire property?	portion you own?
			☐ Investment property		\$	\$
•			Timeshare		Describe the nature of	
(City Sta	te ZIP Code	Other		interest (such as fee the entireties, or a life	
			Who has an interest in the pro	perty? Check one.		
			Debtor 1 only			•
	County		Debtor 2 only			
	-		Debtor 1 and Debtor 2 only		☐ Check if this is co	mmunity property
;			At least one of the debtors and	another	(see instructions)	
			Other information you wish to property identification number	add about this ite	m, such as local	

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			_
	LATOVA IO	11001	
4	LATOYA JO	HNSON	

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Debtor 1 Case number (#kn What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land Investment property Describe the nature of your ownership ☐ Timeshare State ZiP Code interest (such as fee simple, tenancy by Other___ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles M No. Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3 1 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put. 3.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? Portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions)

Entered 08/25/16 09:54:32 Case 16-27258 Doc 1 Filed 08/25/16 Page 13 of 54 Case number (#known)_____ Document LATOYA JOHNSON Debtor 1 Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 34 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year-Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Z No ☐ Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 41 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

0.00

LATOYA JOHNSON

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Debtor 1

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D	o you own or have any legal or equitable interest in any of the following items?	Current val portion you Do not deduct or exemption:	own? t secured claims
6.	Household goods and furnishings		
	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No		
	Yes. Describe LIVING ROOM, DINING ROOM & BEDROOM FURNITURE	\$	500.00
7.	Electronics		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	No Provide the second s		
	Yes. DescribeTV & COMPUTERS	\$	250.00
8.	Collectibles of value		
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No		
	Yes. Describe	\$	
9.	Equipment for sports and hobbies		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	☑ No		
	Yes. Describe	\$	
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment		
	☑ No		
	Yes. Describe	\$	
11.	Clothes		
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No		
	✓ Yes. Describe USED CLOTHES	\$	250.00
12	Jeweiry	— 	
-	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	☑ No	·	
	Yes. Describe	\$	
13.	Non-farm animals		
	Examples: Dogs, cats, birds, horses		
	☑ No	_	
	Yes. Describe	\$	
14.	Any other personal and household items you did not already list, including any health aids you did not list	_	
	☑ No		
	Yes. Give specific information	\$	
	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$	1,000.00

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Debtor 1

LATOYA JOHNSON

Last Name

Do you own or have any	legal or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Examples: Money you	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when	you file your petition	
□ No				
✓ Yes			Cash:	\$
and other si	avings, or other financial acco milar institutions. If you have m	unts; certificates of deposit; shares in credit un nultiple accounts with the same institution, list	nions, brokerage house each.	s,
☑ No ☐ Yes		Institution manage		
G res		Institution name:		
	17.1. Checking account:			_ \$
	17.2, Checking account:			.
	17.3. Savings account			- \$
	17.4. Savings account:			- \$
	17.5. Certificates of deposit:			
	17.6. Other financial account:			- \$
	17.7. Other financial account:			\ <u>-</u>
	17.8. Other financial account:			
	17.9. Other financial account:			·
			·	-
18. Bonds, mutual funds,	or publicly traded stocks			
•	investment accounts with brok	erage firms, money market accounts		
2 No □ Yes	Institution or issuer name:			
	modulo i o o o o o o o o o o o o o o o o o o			•
		-		_ \$
				- \$
19. Non-publicly traded st an LLC, partnership, a		rated and unincorporated businesses, inc	luding an interest in	
☑ No	Name of entity:		% of ownership:	
Yes. Give specific information about				\$
them			0% %	\$
			%	\$

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Rented furniture:

Other:

Annuities (A contract for	a periodic payment of money to you, either for life or for a number of years)	
No No		
☐ Yes	Issuer name and description:	
		\$
		\$
		\$

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Debto	٦r	1

LATOYA JOHNSON

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24. Interests in an education IRA, in an ac 26 U.S.C. §§ 530(b)(1), 529A(b), and 52	count in a qualified ABLE program, or under a qualified state.	ate tuition program.	• •
☑ No			
п.,	n name and description. Separately file the records of any inter	ests.11 U.S.C. § 521(c) :
			\$
			\$
			\$
			*
25. Trusts, equitable or future interests in exercisable for your benefit	n property (other than anything listed in line 1), and rights o	r powers	
☑ No			-
☐ Yes. Give specific			
information about them			\$
Examples: Internet domain names, web	e secrets, and other intellectual property sites, proceeds from royalties and licensing agreements		
☑ No			7
Yes. Give specific information about them			\$
27. Licenses, franchises, and other gene	ral intangibles		
Examples: Building permits, exclusive lie	censes, cooperative association holdings, liquor licenses, profes	ssional licenses	
☑ No		 	ד
Yes. Give specific information about them			\$
Wildimaton about them		-	
Money or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you			
☑ No			
Yes. Give specific information		Federal:	\$
about them, including whether you already filed the returns		State:	\$
and the tax years		Local:	\$
•	ny, spousal support, child support, maintenance, divorce settlen	ent, property settleme	nt
No			
Yes. Give specific information		Alimony:	\$
		Maintenance:	\$
		Support:	\$
		Divorce settlement:	\$
		Property settlement:	\$
Social Security benefits; unp	urance payments, disability benefits, sick pay, vacation pay, wo aid loans you made to someone else	rkers' compensation,	
☑ No			7
Yes. Give specific information			\$
			J

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Debtor 1

LATOYA JOHNSON

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man control of the me	mer a common a common a common a		
31. Interests in insurance policies			
Examples: Health, disability, or life insu	rance; health savings account (HS/	A); credit, homeowner's, or renter's insurance	
☑ No			
Yes. Name the insurance company of each policy and list its value		Beneficiary:	Surrender or refund value:
			_ \$
			_ \$
			_
		,	- · · · · · · · · · · · · · · · · · · ·
property because someone has died.		ance policy, or are currently entitled to receive	
☑ No			 7
Yes. Give specific information			•
 Claims against third parties, whethe Examples: Accidents, employment disp 			
☑ No	<u></u>		
Yes. Describe each claim			s
			<i>\$</i>
 34. Other contingent and unliquidated claims ✓ No 	aims of every nature, including c	ounterclaims of the debtor and rights	
Yes, Describe each claim			
			\$
35. Any financial assets you did not alre	adu liet		
•			
✓ No✓ Yes. Give specific information			
res. Give specific information			
36. Add the dollar value of all of your en			79.00
for Part 4. Write that number here		→	\$
Part 5: Describe Any Busines	is-Related Property You O	wn or Have an Interest In. List any	real estate in Part 1.
37. Do you own or have any legal or equ	itable interest in any business-re	lated property?	
No. Go to Part 6.			
Yes. Go to line 38.			
			Current value of the
			portion you own? Do not deduct secured claims
			or exemptions.
38. Accounts receivable or commissions	s vou already earned		
☑ No	,,,	·	
Yes, Describe			
Tes, Describe			\$
39. Office equipment, furnishings, and s	unnlies		
		chines, rugs, telephones, desks, chairs, electronic devic	es
☑ No			
☐ Yes. Describe			_ \$
<u> </u>			
	w , w	No. 100 to the state of the sta	to Minds to the

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LATOYA JOHNSON

First Name Middle Name Lost Name

Case number (# known).

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
☑ No □ Yes. Describe	
41.Inventory No Yes. Describe	
42. Interests in partnerships or joint ventures	
✓ No ☐ Yes, Describe Name of entity: % of ownership:	
	•
	\$ \$
%	\$
43. Customer lists, mailing lists, or other compilations	
 ✓ No ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? 	
□ No	•
Yes. Describe	٦.
	\$
44. Any business-related property you did not already list	4
Yes. Give specific	S
information	\$
	\$
	\$
	Φ
45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached	*
for Part 5. Write that number here	\$0.00
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest Information of the Part 1.	n.
46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ☑ No. Go to Part 7. ☐ Yes. Go to line 47.	
	Current value of the
	portion you own? Do not deduct secured claims or exemptions.
47. Farm animals	somplesion
Examples: Livestock, poultry, farm-raised fish	
✓ No	
¥es	
	

Case 16-27258 Doc 1 Filed 08/25/16 Entered 08/25/16 09:54:32 Page 20 of 54 Document LATOYA JOHNSON Debtor 1 Case number (if known) 48. Crops-either growing or harvested Z No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☑ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ZŽI No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information.... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☑ No Yes. Give specific information..... 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 1,000.00 57. Part 3: Total personal and household items, line 15 79.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 **+**\$

62. Total personal property. Add lines 56 through 61.

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

1,079.00

Copy personal property total -> :+\$

1,079.00

1,079.00

\$

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		Boodmone	- ago 21 0101	
Fill in thi	s information to identify your case:			
Debtor 1	LATOYA JOHNSON			
	First Name Middle Name	Last Name		
Debtor 2 (Spouse, if t	iling) First Name Middle Name	Lest Name		
United Sta	tes Bankruptcy Court for the: Northern Dis	trict of Illinois		
Case num	ber .			Check if this is an
(if known)		<u> </u>		amended filing
Official	L Farma 4000		,	
	I Form 106C	martu Van	Claim as Evampt	
3CHE	equie C: The Pro	perty rou	Claim as Exempt	C 04/16
Using the page is no	roperty you listed on Schedule A/B: Pr	roperty (Official Form 106/	gether, both are equally responsible for s VB) as your source, list the property that dditional Page as necessary. On the top	you claim as exempt. If more
specific do of any app retirement limits the	ollar amount as exempt. Alternatively licable statutory limit. Some exempt funds—may be unlimited in dollar a	y, you may claim the full tions—such as those for amount. However, if you ant and the value of the	mount of the exemption you claim. Or fair market value of the property bein health aids, rights to receive certain be claim an exemption of 100% of fair ma property is determined to exceed that	g exempted up to the amount penefits, and tax-exempt irket value under a law that
Part 1:	Identify the Property You Clai	lm as Exempt		_
		······································		<u> </u>
1. Which	set of exemptions are you claiming	? Check one only, even if	your spouse is filing with you.	
5	ou are claiming state and federal nonba	ankruptcy exemptions. 11	U.S.C. § 522(b)(3)	
☐ Yo	ou are claiming federal exemptions. 11	U.S.C. § 522(b)(2)		
2. For at	y property you list on Schedule A/B	that you claim as exem	pt, fill in the information below.	
	description of the property and line of	n Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief	POCKET MONEY	\$79.00	□ \$ 79.00	
Line f	puon:	· · · · · · · · · · · · · · · · · · ·	☐ 100% of fair market value, up to any applicable statutory limit	· · · · · · · · · · · · · · · · · · ·
		Seyara-e-e		
Brief descr	iption: FURNITURE	\$ <u>500.00</u>	□ \$ <u>500.00</u>	
. Line f			100% of fair market value, up to any applicable statutory limit	
	dule A/B:			A to a set it set to be set to see the contract of the contrac
Brief descr	iption: CLOTHING	\$ <u>250.00</u>	□ \$ <u>250.00</u>	
Line f	rom dule A/B:		100% of fair market value, up to any applicable statutory limit	
SGIE	uie AVB			
_	ou claiming a homestead exemption			
	•	3 years after that for case	s filed on or after the date of adjustment.)
☑ №		ed butthe commettee was	4 245 days hofees you fled this are - ^	
∟ Y∈	•	o by the exemption within	1,215 days before you filed this case?	
			<i>:</i>	

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Debtor 1

LATOYA JOHNSON

Case number (it known)_

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Additional Page

	on of the property and line VB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	ELECTRONICS	\$250.00	□ \$ 250.00	
Line from Schedule A/B:		-	☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	_	\$	☐ \$ ☐ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:	 	\$	= \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief		•	П.	
description: Line from Schedule A/B:		\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief				
description:		\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:	· · · · · · · · · · · · · · · · · · ·	\$	Q \$	•
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

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Fill in this information to identify your cas	se:			
Debtor 1 LATOYA JOHNSON				
First Name Middle I	Name Lest Name			
Debtor 2 (Spouse, if filing) First Name Middle N	vame Last Name			
United States Bankruptcy Court for the: Northern	District of Illinois			
Case number(if known)			☐ Check i	f this is an
(II Idionity			amende	
Official Form 106D				
Schedule D: Creditor	s Who Have Claims Secure	ed by Pro	nertv	12/15
			· · ·	
	If two married people are filing together, both are ed y the Additional Page, fill it out, number the entries,			
additional pages, write your name and cas				,
4 D				
Do any creditors have claims secured by No. Check this how and submit this for	ny your property r on to the court with your other schedules. You have nothi	na else to renort on t	this form	
Yes. Fill in all of the information below.		ing else to report on t	uns tom.	
Part 1: List All Secured Claims				
· · · · · · · · · · · · · · · · · · ·		Column A	Column B	Column C
	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2.		Value of collateral	
	as a particular dailin, list the other deditors in Part 2. nabetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
	•	raido or condicion.		i cuty
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name]		
Number Street				
	As of the date you file, the claim is: Check all that apply.	•		
	Contingent			
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Charles Abia alaim adama da a	Other (including a right to offset)	-		
☐ Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
2.2	Describe the property that secures the claim:	\$	\$.	5
Creditor's Name		1		
Number Street	As of the data was file the slave for Charles II that and	l		
	As of the date you file, the claim is: Check all that apply. Contingent			
	☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
At least one of the debtors and another	□ Judgment lien from a lawsuit □ Other (including a right to offset)			
☐ Check if this claim relates to a		-		
community debt Date debt was incurred	Last 4 digits of account number			
	Column A on this page. Write that number here:	<u></u>	1	
And the design faith of Aont clinics III (evienni a vii une puyei rriite uiat liuliitet liele.	· 	i	

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Debtor 1

LATOYA JOHNSON

Middle Name

First Name

Last Name

Case number (if known)_

Describe the property that secures the claim: \$ 5	Part 1: Additional Page After listing any entries on this p by 2.4, and so forth.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
As of the date you file, the clafm is: Check all that apply. City State 2IP Code City State 2IP Code Check all this clafm classes on a present you made (such as mortgage or secured continuent) Dates 1 and Debter 2 and Debter 2 and Check 2 and 3 another Check If this clafm relates to a community debt Date of this clafm relates to a community debt As of the date you file, the claim is: Check all that apply. Continuent City State 2 PC Code City State 2 PC Code Who owes the debt? Check one. Debter 2 and Debter 2 and Debter 2 and Check 2 and 3 another City State 2 PC Code City State 3 PC PC Code City State 3 PC PC Code City State 3 PC		Describe the property that secures the claim:	\$	\$	\$
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Add the dollar value of your entries in Column A on this page. Write that number here: S					
If this is the last page of your form, add the dollar value totals from all pages.	Date debt was incurred	Last 4 digits of account number			
	Add the dollar value of your entries	in Column A on this page. Write that number here:	\$		
		add the dollar value totals from all pages.	\$		

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Debtor 1

LATOYA JOHNSON
First Name Middle Name

Case number (if known)

Pa	art 2: L	ist Others to Be Notifie	d for a Debt	That You Already	Listed
ag yo	ency is tryi u have mor	ng to collect from you for a d	ebt you owe to the debts that	someone else, list the you listed in Part 1, lis	debt that you already listed in Part 1. For example, if a collection creditor in Part 1, and then list the collection agency here. Similarly, if the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
	City		. State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name	 	···		Last 4 digits of account number
	Number	Street			
	·	 			
	City		State	ZIP Code	
\neg					
	Name				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
	Hampoi	Gucci			
		<u> </u>			
	City	 	State	ZIP Code	
		tempokanik menandaran aran kelembian menandari bida sepandik dibunan (19. Tido) april 400	Secretary Control of the Control of	and the second s	On which line in Part 1 did you enter the creditor?
	Name	· · · · · · · · · · · · · · · · · · ·			Last 4 digits of account number
	Number	Street			
		 			
	City		State	ZIP Code	
_					On which line in Boat 4 did you categoths and its 2
	Nama				On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
	City		State	ZIP Code	

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nformation to ide	entify your case:				
LATOYA JOHNSON					
First Name	Middle Name	Last Name			
j) First Name	Middle Name	Last Name			
Bankruptcy Court fo	or the: Northern District of I	Illinois			
·					
,	LATOYA JOH First Name First Name Bankruptcy Court for	First Name Middle Name First Name Middle Name Bankruptcy Court for the: Northern District of I			

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

	additional pages, write your name and case no					
Pa	rt 1: List All of Your PRIORITY Unsecure	ed Claims				
1.	Do any creditors have priority unsecured claims	s against you?				
	No. Go to Part 2.					
1	☐ Yes.	•				
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of	editor has more than one priority unsecured claim, lis a claim has both priority and nonpriority amounts, list claims in alphabetical order according to the creditor's Part 1. If more than one creditor holds a particular cla	that claim he name. If you	ere and show b I have more th	oth priority and an two priority	
	(For an explanation of each type of claim, see the li	nstructions for this form in the instruction booklet.)	Total cla	im Priorit amoui	Nonpriority nt amount	
2.1		Last 4 digits of account number	\$	\$	\$	
	Priority Creditor's Name	Last 4 digits of account number	· "			
		When was the debt incurred?				
	Number Street					
1		As of the date you file, the claim is: Check all that ap	pły.		•	
		☐ Contingent				
	City State ZIP Code	Unliquidated				
	Who incurred the debt? Check one.	Disputed				
1	Debtor 1 only					
	Debtor 2 only	Type of PRIORITY unsecured claim:				
	Debtor 1 and Debtor 2 only	■ Domestic support obligations				
	At least one of the debtors and another	Taxes and certain other debts you owe the governme	nt			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	 Claims for death or personal injury while you were intoxicated 				
	No	Other. Specify				
	Yes	· · · · · · · · · · · · · · · · · · ·			•	
2.2		1 4 2 3°-14 - 2				
F	Priority Creditor's Name	Last 4 digits of account number	. \$	\$	\$	
1	•	When was the debt incurred?				
	Number Street	As of the date you file, the claim is: Check all that ap	ply.			
		Contingent	•			
1	City State ZIP Code	Unliquidated				
ŀ	Who incurred the debt? Check one.	☐ Disputed				
ŧ	Debtor 1 only	Type of PRIORITY unsecured claim:				
ŀ	Debtor 2 only	Domestic support obligations				
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the governme	nt			
	At least one of the debtors and another					
	☐ Check if this claim is for a community debt	intoxicated				
	Is the claim subject to offset? ☐ No	Other. Specify	_			
	☐ Yes	Who represents the control of the co				

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Document Page 27 ofc 54 number (# known)____ LATOYA JOHNSON Debtor 1 Part 1: Your PRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent State Unliquidated City ZIP Code ☐ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify_ Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number ___ __ __ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code ☐ Unliquidated □ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number ___ _ _ _ \$____\$_ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code ☐ Unliquidated ■ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset?

☐ No ☐ Yes Debtor 1

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LATOYA JOHNSON	Document	Page 28 of anumber (#known)		
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Pa	rt'2	List All of Your NONPRIOR	ITY Unse	cured Claims				
	Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes							
	non incl	priority unsecured claim, list the credi	tor separat tor holds a	ely for each claim.	rder of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not at the other creditors in Part 3.If you have more than three no	list clai	ms already	
						Total	claim	
.1		OOK LAW MAGTRATE-CH propriority Creditor's Name			Last 4 digits of account number	\$	12,008.00	
		0 W WASHINGTON ROOM 1			When was the debt incurred?			
		mber Street HICAGO	1L	60602				
	Cit		State	ZIP Code	As of the date you file, the claim is: Check all that apply.			
					☐ Contingent			
		ho incurred the debt? Check one.			Unliquidated			
		Debtor 1 only Debtor 2 only			☐ Disputed			
		Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
		At least one of the debtors and another			☐ Student loans			
		Check if this claim is for a communi	ity debt		Obligations arising out of a separation agreement or divorce			
	ls	the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
		l No			Other. Specify			
	Ç	Yes					ł	
.2	s	ECRETARY OF STATE		*	Last 4 digits of account number	\$	3,795.00	
	No	npriority Creditor's Name	•	-	When was the debt incurred?		ł	
	_	701 S DIRKSEN PKWY		 				
		rmber Street PRINGFIELD	IL	62723	As of the date you file, the claim is: Check all that apply.		ļ	
	Cit		State	ZIP Code	☐ Contingent			
	w	ho incurred the debt? Check one.			Unliquidated		Ì	
		Debtor 1 only			☐ Disputed			
		Debtor 2 only			Type of NONPRIORITY unsecured claim:			
		Debtor 1 and Debtor 2 only At least one of the debtors and another			☐ Student loans			
					Obligations arising out of a separation agreement or divorce			
		Check if this claim is for a communi	ty debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
		the claim subject to offset? No			Other. Specify			
		Yes			,			
.3	_	 ВМ					· · · · · · · · · · · · · · · · · · ·	
	_	npriority Creditor's Name			Last 4 digits of account number	\$	2,775.00	
	Р	O BOX 893			when was the gept incurred?			
		mber Street UNDELELIN	IL	60060				
	Cit		State	ZIP Code	As of the date you file, the claim is: Check all that apply.		i	
	w	ho incurred the debt? Check one.			Contingent			
		Debtor 1 only			Unliquidated			
		Debtor 2 only	ı		☐ Disputed			
		Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
		At least one of the debtors and another			☐ Student loans			
		Check if this claim is for a communi	ty debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		ļ	
		the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		ļ	
		No Yes			Other. Specify			
		· · · · ·						

Debtor 1

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Your NONPRIORITY Unsecured Claims -- Continuation Page

with 4.4, followed by 4.5, and so forth.	Total clair
Last 4 digits of account number	s
When was the debt incurred?	*
As of the date you file, the claim is: Check all that apply.	
Contingent	
Disputed	
Type of NONPRIORITY unsecured claim:	
Student loans	
you did not report as priority claims	
Other. Specify	
Last 4 digits of account number	\$
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply.	
Contingent	
Unliquidated Disputed	
Time of NONDRIGORTY unsecured daim:	
Student loans	
Obligations arising out of a separation agreement or divorce that	
 Debts to pension or profit-sharing plans, and other similar debts 	
Other Specify	
Last 4 digits of account number	V
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply.	
Contingent	
☐ Unliquidated ☐ Disputed	
·	
you did not report as priority claims	
Debis to pension or profit-sharing plans, and other similar debts Other. Specify	,
	•
	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1

Document Page 30 of Thumber (if known)_____

Part 3:

List Others to Be Notified About a Debt That You Already Listed

dditional	creaitors here. If yo	ou do not nave :	additional perso	ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name	<u>.</u>	<u> </u>		On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Clair
	-			Last 4 digits of account number
City	****	State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		-	Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
lines.				On which entry in Part 1 or Part 2 did you list the original creditor?
Vame				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
-				On which entry in Part 1 or Part 2 did you list the original creditor?
Name	· · · · · · · · · · · · · · · · · · ·			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
			<u> </u>	Claims
City		State	ZfP Code	Last 4 digits of account number
	<u>.</u>			On which entry in Part 1 or Part 2 did you list the original creditor?
Name	-	-		•
Number	Street	<u> </u>		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
-ny	 	OWIE	ar code	On which party in Port 4 or Port 9 did you Pot 4 or a 1/2 or 2/2 or 2
Vame			_	On which entry in Part 1 or Part 2 did you list the original creditor?
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			·	Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	East 7 digits of account liquides

Debtor 1

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Part 4:

Total claims from Part 1

Total claims from Part 2

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim	
6a. Domestic support obligations	6a.	\$	0.00
6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
•		Total claim	
6f. Student loans	6f.	\$	0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
Other. Add all other nonpriority unsecured claims. Write that amount here.	6ì.	+ _{\$18,5}	78.00
6j. Total. Add lines 6f through 6i.	6j.	\$18,5	78.00

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							. ag		
Fil	l in∗this ir	nformation	to identify	your ca	ase:				
Do	btor	LATOYA	A JOHNS	NC					
De	bioi	First Name			Name	Last Name			
	btor 2 ouse If filing)	First Name	-	Middi	- Name	Last Name			
LIni	ited States	Banknintov (Court for the	Norther	n District of I	llinois			
		Danki upicy C	Journ to the.		. Biolinoi of t				
	se number known)		· · · · · ·						Check if this is an
									amended filing
Of	ficial F	Form 1	06G						
Sc	hedi	ule G:	Exec	uto	rv Coi	ntracts a	and	Unexpired Leases	12/15
infor addi 1.	rmation. I itional pay Do you h No. C Yes. I	f more spa ges, write y lave any ex theck this be fill in all of the rately each rent, vehi	ice is neede your name a xecutory co ox and file to the informati in person or	and case ontracts his form ion belo	y the additions on unwher (in the country of the country of the country of the country of the country with which w	onal page, fill it of known). ed leases? art with your other e contracts or lea om you have the	out, nur r schedu ses are e contra	gether, both are equally responsible for mber the entries, and attach it to this particles. You have nothing else to report on this listed on Schedule A/B: Property (Official Fact or lease. Then state what each contrain the instruction booklet for more example	ge. On the top of any is form. Form 106A/B). act or lease is for (for
	unexpired	ieases.							
		-							•
	Person o	r company	y with whon	n you h	ave the con	tract or lease		State what the contract or lease	is for
2.1									
	Name								
	Number	Street				.			
	City		<u> </u>	State	ZIP Code		ing major sport figure skyle	- Marie Marie Control of the Control	
2.2									
	Name	•						• •	
	Number	Street				<u>.</u>			
	Multiper	Olleer							
	City			State	ZIP Code	en kommunen kan kan kan kan kan kan kan kan kan ka			
2.3									
	Name					-			
	Number	Chron					<u> </u>		
	Number	Street							
	City			State	ZIP Code				S. M
2.4									
	Name								
			<u></u>						
	Number	Street							
	City			State	ZIP Code	<u> </u>			
2.5	······································							and the second s	
	Name		 .			.			
	Number	Street	-						
	City			State	ZIP Code				

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Debtor 1

LATOYA JOHNSON	
- 1 <u> 1 </u>	
	

Case number (if known)_____

Deplor				Case number (if known)
	First Name	Middle Name	Last Name	
	Additiona	al Page if You	Have More Contracts or L	eases

	Person or	company with	whom you	have the contract or lease	What the contract or lease is for
2 <u>2</u>					
	Name				
	Number	Street			
	City	. •	State	ZIP Code	<u>.</u>
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2					
1	Name				
	Number	Street			
	City		State	ZIP Code	
2		**************************************			
	Name				
	Number	Street			.
	City		State	ZIP Code	
2	· · · · · · · · · · · · · · · · · · ·				
	Name				
	Number	Street			
	City		State	ZIP Code	
2	, .				
_	Name				
	Number	Street			<u> </u>
	City	 -	State	ZIP Code	
2			· · · · · · · · · · · · · · · · · · ·		
	Name		<u> </u>		
	Number	Street	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	City		State	ZIP Code	

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Fill in this information to identify your case:						
Debtor 1	LATOYA JOHNSON					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: Northern District of Illinois						
Case number (If known)						

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out,

		e entries in the box f known). Answer e		Page to this pa	age. On the top of any Additional Pages, write your name an	
	☑ No	re any codebtors?	(If you are filing a joint case, do not lis	t either spouse a	as a codebtor.)	
	☐ Yes					
	Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)					
	No. Go	to line 3.				
	🚨 Ŷes. Did	d your spouse, form	er spouse, or legal equivalent live with	you at the time	?	
	□ No					
	☐ Yes	. In which communi	ty state or territory did you live?		Fill in the name and current address of that person.	
	Nam	ne of your spouse, former	spouse, or legal equivalent		_	
	Num	nber Street				
	City	.	State	ZIP Code	-	
	Schedule E	=	6D), S <i>chedule E/F</i> (Official Form 100 to fill out Column 2.	SE/F), or Sched	lule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt	
3.1					Check all schedules that apply:	
3.1	Name				Schedule D, line	
	Name				☐ Schedule E/F, line	
	Number	Street			Schedule G, line	
	City		State	ZIP Code		
3.2					Schedule D, line	
	Name				Schedule E/F, line	
	Number	Street	<u>.</u>		Schedule G, line	
	City		State	ZIP Code		
3.3						
	Name				Schedule E/F, line	
	Number	Street			☐ Schedule G, line	
	City		State	ZIP Code		

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Debtor 1

LATOYA JOHNSON
First Name Middle Name

Last Name

Case number (if known)_

	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt
·				Check all schedules that apply:
·	Mana			Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			Schedule G, line
	City	State	ZIP Code	_
3				Schedule D, line
	Name			Schedule E/F, line
	Name of the state			Schedule G, line
	Number Street			
	City	State	ZIP Code	
3				Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street	<u> </u>		□ Schedule G, line
		200	7/0 0-4-	
7	City	State	ZIP Code	
- -				Schedule D, fine
	Name			☐ Schedule E/F, line
	Number Street			Schedule G, line
	City	State	ZIP Code	_ _
	<u> </u>	- Como		
	Name			Schedule D, line
				Schedule E/F, line
	Number Street	-		Schedule G, line
	City	State	ZIP Code	_
				Cahadula D. Eno
	Name		· · · · · · · · · · · · · · · · · · ·	Schedule D, line
	 		<u> </u>	Schedule G, line
	Number Street			_ 33,343,351,375
	City	State	ZIP Code	
3				Schedule D, line
	Name			Schedule E/F, line
	Number Street	<u> </u>		Schedule G, line
<u>.</u>	City	State	ZIP Code	
				Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street	<u>. </u>		Schedule G, line
	City	State	ZIP Code	

Fill in this in	formation to identify	your case:					
Dobtes 4	LATOYA JOHNS	ON	-				
Debtor 1	First Name	Middle Name	Lest Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name]			
United States I	Sankruptcy Court for the:	Northern District of Illinois					
Case number				•	Check if t	hio io	
(if known)						nis is. rended filing	
						plement showing postpetition chapter 13	
065	4001				incom	e as of the following date:	
Official Fo					MM / D	DD/ YYYY	
Sched	ule I: You	ır Income				12/15	
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment							
1. Fill in your informatio			Debtor 1			Debtor 2 or non-filing spouse	
attach a se	more than one job, parate page with about additional	Employment status		/ed		☐ Employed ☐ Not employed	
Include par self-employ	t-time, seasonal, or red work.	Occupation	AEROBICS	INSTRUCT	OR		
	may include student ker, if it applies.	Occupation			<u> </u>		
		Employer's name	LA FITNESS	5			
		Employer's address	Mu-ShF	eld Pla	20_	Number Street	
			<u>Oh a</u>	.7/1			
			Chreag	State ZIP	Code	City State ZIP Code	
		How long employed the		•			
Part 2: Give Details About Monthly Income							
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.							
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.							
				For	Debtor 1	For Debtor 2 or non-filing spouse	
		iry, and commissions (be calculate what the monthly		2. \$	400.00	\$	
3. Estimate a	and list monthly over	time pay.		3. +\$	0.00	+ \$	
4. Calculate	gross income. Add lir	ne 2 + line 3.		4. \$	400.00	\$	
L		the transfer of the second of		- 			

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Debtor 1 LATO

LATOYA JOHNSON
First Name Middle Name

Lest Name

Case number (if known)

	-	For	Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$	400.00	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	
5b. Mandatory contributions for retirement plans	5b.	·	0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	
5e. Insurance	5e.	\$	0.00	\$	
5f. Domestic support obligations	5f.	\$	0.00	\$	
5g. Union dues	5g.	\$	0.00	\$	
5h. Other deductions. Specify:	5h.	+\$	0.00	+ \$	
6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$	0.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	400.00	\$	
8. List all other income regularly received:					
 Net income from rental property and from operating a business, profession, or farm 					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	
8b. Interest and dividends	8b.	\$	0.00	\$	
 Family support payments that you, a non-filing spouse, or a depende regularly receive 	nt				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	270.00	\$	
8d. Unemployment compensation	8d.	\$	0.00	\$ <u> </u>	
8e. Social Security	8e.	\$	0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		•	0.00	•	
Specify:	8f.	» —	0.00	⊅	
8g. Pension or retirement income	8g.	\$	0.00	\$	
8h. Other monthly income. Specify:	8h.	+\$	0.00	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	270.00	\$	
 Calculate monthly income. Add fine 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 	10.	\$	670.00	+ \$	= \$ <u>670.00</u>
 State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, y friends or relatives. 			nts, your roo	mmates, and other	
Do not include any amounts already included in lines 2-10 or amounts that are specify:	not av	/ailable	to pay expen	ses listed in <i>Schedule J</i> .	+ s 0.00
 Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S 				nthly income.	\$670.00
13. Do you expect an increase or decrease within the year after you file this f ✓ No.	orm?				monthly income
Yes, Explain:					-

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Fill in this information to identify your case:					
Debtor 1 LATOYA JOHNSON	-		Check if this is:		
First Name Middle Name Debtor 2	Last Name		_		
(Spouse, if filing) First Name Middle Name	Lest Name		☐ A suppleme	•	petition chapter 13
United States Bankruptcy Court for the: Northern District of Ill	linois			s of the following	
Case number (If known)	.		MM / DD / YY	~	•
Official Form 106J					
Schedule J: Your Expen	ses				12/15
Be as complete and accurate as possible. If two marris information. If more space is needed, attach another s (if known). Answer every question.	ed people are fili				
Part 1: Describe Your Household					
1. Is this a joint case?					
No. Go to line 2.Yes. Does Debtor 2 live in a separate household	?				
□ No□ Yes. Debtor 2 must file Official Form 106J-	2, Expenses for S	Separate Housel	hold of Debtor 2.		
2. Do you have dependents?		Dependent's re	elationship to	Dependent's	Does dependent live
Do not list Debtor 1 and Yes. Fill out thin Debtor 2.	is information for	Debtor 1 or De		age	with you?
Do not state the dependents'					☐ No ☑ Yes
names.					☐ No
					☑ Yes
					□ No
					☐ Yes
			· · · · · · · · · · · · · · · · · · ·		U No □ Yes
					□ No
					Yes
3. Do your expenses include expenses of people other than yourself and your dependents?					
Part 2: Estimate Your Ongoing Monthly Expe	nses				
Estimate your expenses as of your bankruptcy filing d	 	re using this fo	orm as a supplement	in a Chapter 13 c	ase to report
expenses as of a date after the bankruptcy is filed. If the applicable date.	_	_			
Include expenses paid for with non-cash government	assistance if you	ı know the valu	ie of		
such assistance and have included it on Schedule I: Y	•			Your expe	nsės
 The rental or home ownership expenses for your reany rent for the ground or lot. 	esidence. Include	first mortgage	payments and 4	. \$	0.00
If not included in line 4:					0.00
4a. Real estate taxes			4	a. \$	0.00
4b. Property, homeowner's, or renter's insurance				b. \$	0.00
4c. Home maintenance, repair, and upkeep expense	s			c. \$	0.00
4d. Homeowner's association or condominium dues			4	d. \$	0.00

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Debtor 1 LAT

LATOYA JOHNSON
First Name Middle Name

Case number (if known)_

			Your exp	enses
5.	Additional mortgage payments for your residence, such as home equity loans	5 .	\$	0.00
6.	6a. Electricity, heat, natural gas	6a.	\$	0.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	200.00
8.	Childcare and children's education costs	8.	*	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	20.00
10.	Personal care products and services	10.	\$	0.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12.	\$	30.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15,	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	re.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Case 16-27258 Filed 08/25/16 Entered 08/25/16 09:54:32 Desc Main Doc 1 Page 40 of 54 Document **LATOYA JOHNSON** Debtor 1 Case number (if known) Middle Name 21. Other. Specify: _ 0.00 22. Calculate your monthly expenses. 22a. Add lines 4 through 21. 300.00 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 0.00 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 300.00 22c 23. Calculate your monthly net income. 670.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a 23b. Copy your monthly expenses from line 22c above. 300.00 23b. 23c. Subtract your monthly expenses from your monthly income. 370.00 The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? **☑** No. ☐ Yes. Explain here:

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Fill in this information to identify your case:			
Debtor 1 LATOYA JOHNSON			•
First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Northern District	of Illinois		
Case number			
(If known)			Check if this is an
			amended filing
Official Form 106Dec			
Declaration About an	ı individu:	al Debtor's Schedules	12/15
If two married people are filing together, both as	re equally responsible	e for supplying correct information.	
		mended schedules. Making a false statement, concealing	
obtaining manay or proporty by fraud in counce	tion with a bankrupte	cy case can result in fines up to \$250,000, or imprisonmen	nt for up to 20
years, or both. 18 U.S.C. §§ 152, 1341, 1519, and		y out out to det in inico ap to the office of improvement	
years, or bottle to 0.0.0. 33 102, 1041, 1013, and	10011:		
Sign Below			
Did you pay or agree to pay someone who is	NOT an attorney to I	help you fill out bankruptcy forms?	
☑ No			
Yes. Name of person		. Attach Bankruptcy Petition Preparer's Notice, Declaration,	
		Signature (Official Form 119).	, and
			, and
Under penalty of penury, I declare that I have	e read the summary a	and schedules filed with this declaration and	, and
Under penalty of perjury, I declare that I have that they are true and correct.	e read the summary a	and schedules filed with this declaration and	, and
	e read the summary a	and schedules filed with this declaration and	, and
	e read the summary a	and schedules filed with this declaration and	, and
	e read the summary a	and schedules filed with this declaration and	, and
	<u> </u>		, and
	<u> </u>	and schedules filed with this declaration and	, and
	Signature		, and
	Signature Date		, and

Case 16-27258 Doc 1 Filed 08/25/16 Entered 08/25/16 09:54:32 Desc Main Document Page 42 of 54 Fill in this information to identify your case: Debtor 1 Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Northern District of Illinois Case number ☐ Check if this is an (If known) amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 04/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Give Details About Your Marital Status and Where You Lived Before Part 1: 1. What is your current marital status? ☐ Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? DE-No-Yes, List all of the places you lived in the last 3 years. Do not include where you live now. Dates Debtor 2 🐃 Dates Debtor 1 Debtor 2: lived there lived there Same as Debtor 1 ☐ Same as Debtor 1 From City State ZIP Code Same as Debtor 1 ☐ Same as Debtor 1 From Number Street Number Street To State ZIP Code ZIP Code 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

Part 2: Explain the Sources of Your Income

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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ebtor 1	LATOYA JOHNSON First Name Middle Name Lest i	Name	Case nu	mber (if known)	
Fill	I you have any income from employment in the total amount of income you received ou are filing a joint case and you have inco	d from all jobs and all bus	nesses, including part-ti	me activities.	ndar years?
Z	Yes. Fill in the details.				
		Debtor 1	المستقد المستق	Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$400.00	Wages, commissions, bonuses, tips	\$
	the date you med for bankinghtcy.	Operating a business	Stage's the control of the stage of the stag	Operating a business	
	For last calendar year:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
	(January 1 to December 31,)	Operating a business	·	Operating a business	·
	For the calendar year before that:	Wages, commissions,	- · · · · · · · · · · · · · · · · · · ·	Wages, commissions,	
	(January 1 to December 31,)	bonuses, tips Operating a business	\$	bonuses, tips Operating a business	\$
Incl une	I you receive any other income during the lude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing	ome is taxable. Examples ents; pensions; rental inc	of other income are alinome; interest; dividends;	money collected from laws	suits; royalties; and
Inclune gan List	l you receive any other income during the lude income regardless of whether that incomployment, and other public benefit paymenting and lottery winnings. If you are filing the each source and the gross income from each	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav	of other income are alinome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymobiling and lottery winnings. If you are filing teach source and the gross income from e	ome is taxable. Examples ents; pensions; rental inc a joint case and you have ach source separately. D	of other income are alinome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once it you listed in line 4.	suits; royalties; and
Inclune gan List	l you receive any other income during the lude income regardless of whether that incomployment, and other public benefit paymenting and lottery winnings. If you are filing the each source and the gross income from each	ome is taxable. Examples ents; pensions; rental inc a joint case and you hav	of other income are alinome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymobling and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details.	ome is taxable. Examples tents; pensions; rental income a joint case and you have ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income	suits; royalties; and a under Debtor 1. Gross income from each source (before deductions and
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymobling and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details.	ome is taxable. Examples tents; pensions; rental income a joint case and you have ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and a under Debtor 1. Gross income from each source (before deductions and
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymobling and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details.	ome is taxable. Examples tents; pensions; rental income a joint case and you have ach source separately. Debtor 1 Sources of income	Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below.	suits; royalties; and a under Debtor 1. Gross income from each source (before deductions and
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymobling and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	ome is taxable. Examples tents; pensions; rental including a joint case and you have ach source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$_ \text{S}_{	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymobling and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	ome is taxable. Examples tents; pensions; rental income a joint case and you have ach source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) \$	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymobling and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	ome is taxable. Examples tents; pensions; rental including a joint case and you have ach source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) \$\	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymobling and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,	ome is taxable. Examples tents; pensions; rental including a joint case and you have ach source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) \$\	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymentling and lottery winnings. If you are filing teach source and the gross income from ethor No. Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,	ome is taxable. Examples tents; pensions; rental income a joint case and you have ach source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) \$	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$
Inclune gan List	l you receive any other income during to lude income regardless of whether that incomployment, and other public benefit paymobling and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,	ome is taxable. Examples tents; pensions; rental income a joint case and you have ach source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) \$	money collected from laws ed together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$

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LATOYA JOHNSON Debtor 1 Case number (if known) List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425° or more? No. Go to line 7. Q Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. ☐ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment for... Dates of Total amount paid Amount you still owe payment ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other City State ZIP Code ■ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment ☐ Suppliers or vendors Other State ZIP Code ■ Mortgage Creditor's Name Car ☐ Credit card Number Street Loan repayment

Suppliers or vendors

Other_

ZIP Code

State

City

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·1	LATOYA JOHNSON First Name Middle Name Last Name \		-	Case number (if known)	
<i>nside</i> orpo gent	n 1 year before you filed for bankruptcy, did your include your relatives; any general partners; retrations of which you are an officer, director, person, including one for a business you operate as a seas child support and alimony.	elatives of any on in control, or	general partners; p r owner of 20% or i	eartnerships of whic more of their voting	h you are a general partner; securities; and any managing
] Ye	es. List all payments to an insider.	Dates of payment	Total amount	Amount you still	Reason for this payment
,	insider's Name		\$. \$	
_					
1	Number Street				•
	Chi. Chi. TD Code				
	City State ZIP Code		•	.	
ī	nsider's Name		\$. \$	
ī	Number Street				
-					
ī	City State ZIP Code				
n in: clud No	n 1 year before you filed for bankruptcy, did you sider? le payments on debts guaranteed or cosigned by b es. List all payments that benefited an insider.		Total amount		n account of a debt that benefited Reason for this payment Include creditor's name
i	insider's Name		\$	\$	
ī	Number Street				
		· · · · · · · · · · · · · · · · · · ·			
7	City State ZIP Code				
				s	
ī	insider's Name		Ψ	- * <u> </u>	
ì	Number Street				
,	City State ZIP Code				

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		-
LATOYA JOHNSON		Case number (if knowa)
Truckland Mode Nome	Lant Mama	•

List all such matters, including personal injury and contract disputes.	y, were you a party in any lawsuit, court action cases, small claims actions, divorces, collection	on, or administrative processuits, paternity actions, sup	eeding? port or custody modification
☑ No			
☐ Yes. Fill in the details.		,	
	Nature of the case Court or ag	gency	Status of the case
			-
Case title	Court Name	· · ·	Pending
	1		On appeal
	Number Stre	eet	Concluded
Case number	City	State ZIP Code	_ _
	City	70 40 4 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
			Pending
Case title	Court Name		On appeal
			Concluded
	Number Stre	eet	Concluded
Case number	City	State ZIP Code	_
✓ No. Go to line 11.☐ Yes. Fill in the information below.			
	Describe the property	Date	Value of the property
	Describe the property	Date	
Yes. Fill in the information below.	Describe the property Explain what happened	Date	
Yes. Fill in the information below. Creditor's Name		Date	
Yes. Fill in the information below. Creditor's Name	Explain what happened Property was repossessed. Property was foreclosed.	Date	Value of the property
Yes. Fill in the information below. Greditor's Name	Explain what happened Property was repossessed. Property was foreclosed. Property was gamished.		
Yes. Fill in the information below. Greditor's Name	Explain what happened Property was repossessed. Property was foreclosed. Property was gamished.		
Yes. Fill in the information below. Greditor's Name Number Street	Explain what happened Property was repossessed. Property was foreclosed. Property was gamished.		\$\$
Yes. Fill in the information below. Greditor's Name Number Street	Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, one	or levied.	\$\$
Yes. Fill in the information below. Creditor's Name Number Street	Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, one	or levied.	\$
Yes. Fill in the information below. Creditor's Name Number Street	Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, one	or levied.	\$
Yes. Fill in the information below. Creditor's Name Number Street City State ZIP C	Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, one	or levied.	\$
Yes. Fill in the information below. Creditor's Name Number Street City State ZIP C	Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, one	or levied.	\$
☐ Yes. Fill in the information below. Creditor's Name Number Street City State ZIP C	Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, of the property Explain what happened	or levied.	\$
☐ Yes. Fill in the information below. Greditor's Name Number Street City State ZIP C	Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or property was attached. Describe the property Explain what happened Property was repossessed.	or levied.	
☐ Yes. Fill in the information below. Creditor's Name Number Street City State ZIP C	Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or property was attached. Explain what happened Property was repossessed. Property was foreclosed. Property was garnished.	or levied.	\$

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LATOYA J	OHNSON			C	ase number (ifknown)_		
First Name	Middle Name	Lest Nat	ime	•	` -		
			tcy, did any creditor, i		financial institut	ion, set off any a	imounts from your
ccounts or refuse: 1 No	to make a paym	ent beca	use you owed a debti	?			
No Yes. Fill in the de	tails.						
			Denneibe the nation than	a acaditantinale		Data dation	Amorint
			Describe the action the	a creditor wok		Date action was taken	Amount
Creditor's Name						7	
Number Street							\$
name decor							
		——- <u>[</u>					
City	State ZIP	Code	Last 4 digits of accour	nt number: XXXX			
J.,	July Eli		Last 4 digits of docodi	in number: 70000-			
			y, was any of your pro		ssion of an assig	nee for the bene	fit of
_	ppointed receive	er, a cust	todian, or another offi	cial?			
A No							
1 Yes							
5: List Certain	n Gifts and Co	ontributi	ions				
lithin 2 years befor	e you filed for b	oankrupto	cy, did you give any gi	ifts with a total val	ue of more than \$	600 per person?	,
No Yes. Fill in the de	_	t.	cy, did you give any gi Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave	
☑ No ☑ Yes. Fill in the de	tails for each gift	t.		ifts with a total val	ue of more than \$		
No Yes. Fill in the de	tails for each gift	t.		ifts with a total val	ue of more than \$	Dates you gave	
No Yes. Fill in the de	tails for each gift value of more tha	t.		ifts with a total val	ue of more than \$	Dates you gave	
No Yes. Fill in the de Gifts with a total per person	tails for each gift value of more tha	t.		ifts with a total val	ue of more than \$	Dates you gave	
No Yes. Fill in the de Gifts with a total per person	tails for each gift value of more tha	t.		ifts with a total val	ue of more than \$	Dates you gave	
No Yes. Fill in the de Gifts with a total per person	tails for each gift value of more tha	t.		ifts with a total val	ue of more than \$	Dates you gave	
No Yes. Fill in the de Gifts with a total per person Person to Whom You C	tails for each gift value of more that	t. .n \$600		ifts with a total val	ue of more than \$	Dates you gave	
No Yes. Fill in the de Gifts with a total per person Person to Whom You C	tails for each gift value of more tha	t. .n \$600		ifts with a total val	ue of more than \$	Dates you gave	
No Yes. Fill in the de Gifts with a total per person Person to Whom You C	tails for each gift value of more that Gave the Gift State ZIF	t. .n \$600		ifts with a total val	ue of more than \$	Dates you gave	
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co	tails for each gift value of more that Gave the Gift State ZIF	t	Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave the gifts	Value \$\$
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co	tails for each gift value of more that Gave the Gift State ZIF	t		ifts with a total val	ue of more than \$	Dates you gave	Value \$\$
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co	tails for each gift value of more that Gave the Gift State ZIF	t	Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave the gifts	Value \$\$
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co Number Street City Person's relationshi Gifts with a total vaper person	tails for each gift value of more than Gave the Gift State ZIF p to you alue of more than	t	Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave the gifts	Value \$\$
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co	tails for each gift value of more than Gave the Gift State ZIF p to you alue of more than	t	Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave the gifts	Value \$ Value \$
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co Number Street City Person's relationshi Gifts with a total vaper person	tails for each gift value of more than Gave the Gift State ZIF p to you alue of more than	t	Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave the gifts	Value \$\$
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co Number Street City Person's relationshi Gifts with a total vaper person	tails for each gift value of more than Gave the Gift State ZIF p to you alue of more than	t	Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave the gifts	Value \$ Value \$
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co Number Street City Person's relationshi Gifts with a total vaper person	tails for each gift value of more than State ZIF p to you alue of more than	t	Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave the gifts	Value \$ Value \$
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co Number Street City Person's relationshi Gifts with a total vaper person Person to Whom You Co	stails for each gift value of more than State Zip p to you alue of more than Gave the Gift	Code \$600	Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave the gifts	Value \$ Value \$
No Yes. Fill in the de Gifts with a total per person Person to Whom You Co Number Street City Person's relationshi Gifts with a total vaper person Person to Whom You Co	tails for each gift value of more than State ZIF p to you alue of more than	Code \$600	Describe the gifts	ifts with a total val	ue of more than \$	Dates you gave the gifts	Value \$ Value \$

LATOYA JOHNSON Debtor 1 Case number (if known) Middle Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed Date you Value contributed that total more than \$600 Charity's Name Number Street City State ZIP Code Part 6: **List Certain Losses** 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Mo No Yes. Fill in the details. Value of property Describe any insurance coverage for the loss Date of your Describe the property you lost and how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. M No ☐ Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street State ZIP Code Email or website address Person Who Made the Payment, if Not You

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LATOYA JOHNSON Debtor 1 Case number (it known)_ Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Number Street City ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. M No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was Person Who Was Paid Number Street ZIP Code City State 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. **⊠** N∩ ☐ Yes. Fill in the details. Date transfer Description and value of property Describe any property or payments received transferred or debts paid in exchange was made Person Who Received Transfer Number Street ZIP Code Person's relationship to you Person Who Received Transfer Number Street

Person's relationship to you _

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ebtor 1	LATOYA JOHNSON		Cas	se number (it known	1)		
	First Name Middle Name Last I	Name					
	nin 10 years before you filed for bankru a beneficiary? (These are often called as		ty to a self	f-settled trust	or similar device of w	hich you	
2 1	• •	sscrprotection acriscs.)					
	No Yes, Fill in the details.						
_	, oo, i ii ii dio dotallo.					5 1 1.	
		Description and value of the prope		red		Date trans was made	
- 1	Name of trust	_					_
		-					
art 8	List Certain Financial Accounts	s, Instruments, Safo Deposit	Boxes, a	ınd Storage	Units		
o. Witl	hin 1 year before you filed for bankrupt	cy, were any financial accounts o	r instrum	ents held in yo	our name, or for your	benefit,	
clos	sed, sold, moved, or transferred?						
	ude checking, savings, money market, kerage houses, pension funds, coopera				es in banks, credit un	tons,	
1	• • • • • • • • • • • • • • • • • • • •						
	Yes. Fill in the details.						
		Last 4 digits of account number.		ccount or	Date account was	Last balance l	
			instrume	nt "	closed, sold, moved, or transferred	closing or trai	nsfer
	Name of Financial Institution	XXXX	☐ Chec	_		\$	_
¥	Number Street		Savin				
				y market			
	City State ZIP Code		☐ Broke	-			
	City State ZIP Code	enter the foreign description of selfs. The foreign of the contraction of the first self-section and self-section.	Other		one, and analyzing consist specific and the second spe	e a homo in sprace — gir	
		XXXX-	☐ Chec	kina		¢	
	Name of Financial Institution		Savin	_		*	_
	Number Street	•		y market			
	Number Street		Broke				
	City State ZIP Code						
	City State ZIP Code you now have, or did you have within 1 urities, cash, or other valuables?	year before you filed for bankru	Other		ox or other depositor	y for	
4							
	Yes. Fill in the details.						
		Who else had access to it?		Describe the	contents	Do you have i	
							•
						□ N □ Y	
	Name of Financial Institution	Name				- "	J J
	Number Street	Number Street		-			
		crontings. An one					
		City State ZIP Code		•			
	City State ZIP Code						

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	LATOYA JOHNSON First Name Middle Name Les	Name	Case number (if known)	
		or place other than your home within 1	year before you filed for bankruptcy?	•
No				
i Ye	s. Fill in the details.	Who else has or had access to it?	Describe the contents	Do you sti
				have it?
7	Vame of Storage Facility	Name		□ No □ Yes
•				— .es
N	Number Street	Number Street		
-	 	CityState ZIP Code		
7	City State ZIP Code	оминициями наменя на примерения на примерения на применения применения на применения общения на применения на п	manatal designation of the control of contro	
		O		
9:		or Control for Someone Else		
_	ou hold or control any property that s ild in trust for someone.	someone else owns? Include any proper	rty you borrowed from, are storing to	r,
Í N			No.	
] Ye	es. Fill in the details.		Karana ayan karana	
		Where is the property?	Describe the property	Value
-	D de N			s
	Owner's Name			•
		 	 	
_	Number Street	Number Street		
_	Number Street			
, -	Number Street City State ZIP Code	Number Street City State ZIP Code		
; -	City State ZIP Code	City State ZIP Code		
- t 10.	City State ZIP Code Give Details About Environ	City State ZIP Code		
7 2 3 10 the p	City State ZIP Code Give Details About Environ Durpose of Part 10, the following defi	City State ZIP Code mental Information initions apply:	ning pollution, contamination, releas	es of
t 10.	Give Details About Environ courpose of Part 10, the following definemental law means any federal, started out or toxic substances, wastes, or	City State ZIP Code mental Information initions apply: ate, or local statute or regulation concern or material into the air, land, soil, surface	water, groundwater, or other mediu	es of m,
the production	Give Details About Environmental law means any federal, stardous or toxic substances, wastes, cding statutes or regulations controlling	City State ZIP Code mental Information initions apply: ate, or local statute or regulation concern or material into the air, land, soil, surface ing the cleanup of these substances, wa	e water, groundwater, or other mediu estes, or material.	m,
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1 LATOYA JOHNSON		Case number (if known)	
First Name Middle Name	Last Name		•
	tal unit of any release of hazardous	material?	
No			
Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		l ———
Number Street	Number Street		
	 		
	City State ZIP C	>ode	
City State 2	IP Code		
			-
	cial or administrative proceeding un	der any environmental law? Include settleme	nts and orders.
1 No			
Yes. Fill in the details.			Status of the
	Court or agency	Nature of the case	case
Case title			_
	Court Name		☐ Pending
			On appea
	Number Street		1 Conclude
Case number	City State	ZIP Code	
		- 40 - 4044	
☐ A sole proprietor or self-each A member of a limited liab☐ A partner in a partnership		is or have any of the following connections to ther activity, either full-time or part-time by partnership (LLP)	•
	the voting or equity securities of a	orporadon:	
No. None of the above applies			
Yes. Check all that apply about	ve and fill in the details below for each		
	Describe the nature of the t		on number Sécurity number or ITIN.
Business Name		Do not metade odelar	
		EIN:	
Number Street	Name of accountant or boo	kkeeper Dates business existe	ed.
	maine of accountant of Boo	weeker Dates Dusiness exist	u
		From T	о
City State 2	IP Code		ARE EMPONEE
The state of the s	Describe the nature of the b		
Business Name		Do not include Social	Security number or ITIN.
		FIN:	
Number Street			
	Name of accountant or boo	kkeeper Dates business existe	ed
		From T	o
City State 2	IP Code		

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or 1	LATOYA JOHNSON Case number (if known)				
	First Name Middle Name Last Name				
			_		
		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.		
	Business Name				
	Number Street	None of seconds Associated	EIN:		
		Name of accountant or bookkeeper	Dates business existed		
			From To		
	City State ZIP Code				
	nin 2 years before you filed for bankrup itutions, creditors, or other parties.	tcy, did you give a financial statement to any	one about your business? Include all financial		
Z Í 1	•				
	Yes. Fill in the details below.				
		Date issued			
	Name	MM / DD / YYYY			
	Number Street				
	City State ZIP Code	•			
	•				
t 12	2: Sign Below				
			··		
ans	swers are true and correct. I understand	t of Financial Affairs and any attachments, ar d that making a false statement, concealing p	property, or obtaining money or property by fraud		
	connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.	result in fines up to \$250,000, or imprisonme	ent for up to 20 years, or both.		
×	My John John	*			
	Signature of Debtor 1	Signature of Debtor 2			
	Date \$/24/20/16	Date			
		tatement of Financial Affairs for Individuals I	Filing for Bankruptev (Official Form 107)?		
Ø	No				
ā	Yes				
		<u> </u>			
Did V		is not an attorney to help you fill out bankru	ptcy forms?		
	Yes. Name of person		. Attach the Bankruptcy Petition Preparer's Notice,		
			Declaration, and Signature (Official Form 119).		

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:)	
La Toya Somson 8146 Spoulding AUE Chrougo FL 60652 Debtor(s))	
Chrogo FL 80652)	Case No.
Deptor (s))	Chapter 12
)	. 13
)	

List of Creditors

Cookhaee	
so w washington Room!	
Chicago IC 60602	
So, cretory OF State	
2701 S Dirksen Pkury Spring Field IL 62723	
Sylmy Freld IL 62723	
ABM	
Mundele un IL 60060	
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